



# COMMONWEALTH of VIRGINIA

Robert B. Stroube, M.D. M.P.H.  
State Health Commissioner

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*Office of Emergency Medical Services*

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## APPLICANT INFORMATION FORM

### RECIPROCITY FOR VIRGINIA EMERGENCY MEDICAL TECHNICIAN -PARAMEDIC CERTIFICATION

PLEASE COMPLETE THE FOLLOWING:

NAME: \_\_\_\_\_

**CURRENT EMT-P CERTIFICATION ISSUED BY THE NATIONAL REGISTRY OF EMTs  
IS REQUIRED FOR VIRGINIA RECIPROCITY**

**NREMT-P CERTIFICATION NUMBER:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**VIRGINIA EMS CERTIFICATION NUMBER** (If previously assigned): \_\_\_\_\_

**CPR CERTIFICATION HELD:** (Check one)

American Heart Assoc. – “Healthcare Provider” \_\_\_\_\_ American Red Cross – “Prof. Rescuer” \_\_\_\_\_  
American Safety and Health CPR-PRO \_\_\_\_\_ National Safety Council – “Prof. Rescuer” \_\_\_\_\_  
Medic First Aid – “BLSPRO” \_\_\_\_\_

**NEED FOR VIRGINIA CERTIFICATION---** (Check one)

Virginia Resident: \_\_\_\_\_ -OR- EMS Agency / Employment Affiliation: \_\_\_\_\_

Virginia EMS Agency/Employer: \_\_\_\_\_

**EMS AGENCY / EMPLOYER VERIFICATION---** (Required for non-Virginia residents):

I hereby verify that the individual named above is affiliated with or employed (or has been offered employment) by the organization listed above; which represents their need for EMT certification in Virginia.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_

*(The information requested on this form may be submitted in letter format in lieu of form.)*